

**Leonardo da Vinci School PTO
Direct Payment Form**

Please complete this form when requesting payment provided to vendor or individual. Attach all invoices and related paperwork (i.e. contract) and return to the Treasurer. **No payments will be made to vendors without an invoice.**

Date Requested: _____

Your Name: _____

Payee Information:

Payee	
Mailing Address	
Phone Number	
Payment Amount	
Vendor Invoice or Order Number (if applicable)	
Vendor Contact Person (if applicable)	

Description of Expenditure:

Signature _____

For treasurer's use only:

Date Received by Treasurer: _____

Approved by: _____

Approved by: _____

Payable to: _____

Check Number: _____

Date of check: _____